

Patient information

Name:

Date of birth:

Instructions:

Perform testing as indicated and document presence (+) or absence (-) of weal (W), erythema (E), pruritus (P) and/or angioedema (A) as well as date / time of testing and who performed the test.

1. Symptomatic Dermographism (Urticaria factitia)

Testsite: Upper back / Volar forearm

Test: Moderate stroking of the skin with a blunt smooth object (e. g. closed ballpoint pen tip, wooden spatula) / dermographometer (36 g/mm²)

Reading time: 10 minutes after testing

W	P

Date / Time _____ Test done by _____

If weal and pruritus: Test threshold with dermographometer →**2. Cold contact urticaria**

Testsite: Volar forearm / abdomen

Test: Melting ice cube in thin plastic bag/TempTest (4°C) for 5 minutes

Reading times: 10 minutes after testing

W	P

Date / Time _____ Test done by _____

If weal: Test cold stimulation time or temperature threshold →**3. Heat contact urticaria**

Testsite: Volar forearm

Test: Heat source/TempTest (45°C) for 5 minutes

Reading times: 10 minutes after testing

W	P

Date / Time _____ Test done by _____

If weal: Test cold stimulation time or temperature threshold →**4. Delayed pressure urticaria**

Testsite: Shoulder/Upper Back/Thighs/Volar forearm

Test: Suspension of weights over shoulder (7 kg, shoulder strap width: 3 cm) for 15 min or weighted rods (1.5 cm diameter: 2.5 kg; or 6.5 cm diameter: 5 kg) for 15 min. Dermographometer at 100 g/mm² for 70 sec

Reading times: ≈6 hours after testing

A	E

Date / Time _____ Test done by _____

If angioedema: Test threshold →**5. Solar urticaria**

Testsite: Buttocks

Test: UVA 6 J/cm² & UVB 60 mJ/cm² irradiation (e. g. Saalmann Multitester SBC LT 400) Visible light (projector)

Reading times: 10 minutes after testing

	W	P
UVA		
UVB		
Visible light		

Date / Time _____ Test done by _____

If weal: Test threshold →**6. Vibratory urticaria/angioedema**

Testsite: Volar forearm

Test: Vortex vibrator for 10 minutes, 1000 rpm

Reading times: 10 minutes after testing

A	P

Date / Time _____ Test done by _____

B

Threshold testings

1. Symptomatic dermographism (Urticaria factitia)

Testsite: Upper back
Test: Moderate stroking of the skin with a dermatographometer
Reading time: 10 minutes after testing

g/mm ²	20	36	60
P			
W			

Date / Time _____

Test done by _____

2. Cold contact urticaria

Testsite: Volar forearm
Test: TempTest®/water bath for 5 minutes, or melting ice cube
Reading times: 10 minutes after end of testing

Ice cube, stimulation time threshold testing

	30 sec	1 min	2 min	5 min
P				
W				

Date / Time _____

Test done by _____

TempTest®, temperature threshold testing

°C:	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
P																
W																

°C:	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
P																
W																

3. Heat contact urticaria

Testsite: Volar forearm
Test: Heat source/TempTest®, 5 minutes
Reading times: 10 minutes after testing

°C:	45	44	43	42	41	40	39	38	37	36
P										
W										

Date / Time _____

Test done by _____

4. Delayed pressure urticaria

Testsite: Volar forearm (rod), upper back (dermatographometer)
Test: Weighted rods (6.5 cm diameter) for 15 min or Dermatographometer at 100g/mm²
Reading times: ≈6 hours after testing

Weighted rod

kg:	1	2	3	4	5
A					
E					

Date / Time _____

Test done by _____

Dermatographometer 100g/mm²

sec:	20	30	40	50	60
A					
E					

5. Solar urticaria

Testsite: Buttocks
Test: UVA & UVB irradiation (e. g. Saalmann Multitester SBC LT 400)
Reading times: 10 minutes after testing

UVA J/cm ²	P	W
2,4		
3,3		
4,2		

Date / Time _____

Test done by _____

UVB mJ/cm ²	P	W
24		
33		
42		